

DOCUMENT RESUME

ED 350 114

PS 020 893

TITLE Readiness for School: The Early Childhood Challenge.

INSTITUTION Southern Regional Education Board, Atlanta, Ga.

PUB DATE 92

NOTE 42p.

AVAILABLE FROM Southern Regional Education Board, 592 Tenth Street, N.W., Atlanta, GA 30318-5790 (\$5).

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS At Risk Persons; *Children; *Delivery Systems; Disadvantaged Youth; Early Childhood Education; *Early Intervention; *Learning Readiness; Planning Commissions; Public Policy; *Regional Planning; *School Readiness; Social Services; State Agencies; State Programs; Statewide Planning

IDENTIFIERS *Southern Regional Education Board

ABSTRACT

This report addresses problems associated with school readiness and offers recommendations intended to help the 15 member states of the Southern Regional Education Board (SREB) meet goals that were adopted in 1988. After discussing the importance of school readiness, the report lists some obstacles to readiness that are especially prevalent in the South, such as high infant mortality rates, high levels of poverty, and poor health care. It encourages all public policies and programs in the SREB states to confront these concerns and overcome such barriers to change as the fragmentation of social services, inadequate funding, and lack of local responsibility. The report recommends that states: (1) establish statewide strategic plans for children and families with specific goals and objectives; (2) identify and provide expectant parents with information about available services; (3) assure that children receive preventive health care; (4) ensure that children have a continuous relationship with at least one nurturing, healthy adult; (5) ensure that children are nurtured in a safe environment; (6) ease the transition of children into the educational system; (7) institute comprehensive health education in all grades; (8) take aggressive steps to streamline and standardize program eligibility requirements; and (9) identify common regional issues and work to address them. (Contains 84 references.) (MDM)

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Readiness for School

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Foreword

Goals for Education: Challenge 2000, the 1988 report of the Southern Regional Education Board, signaled the determination of the region's executive branches and legislative leadership to meet the crisis in American education head-on. The first paragraph of the report stated the challenge clearly and concisely:

There need be no mystery about the quality of education in the year 2000. Education in the year 2000 depends upon our actions in each of the todays and tomorrows until the end of this century. What we do and do not do, not some uncontrollable chain of events, will determine the fate of education.

What we do—and do not do—will determine not only the fate of education, but the fate of our children and, ultimately, the shape of our future. In large measure, that future will depend on what we do to help our children in the crucial years before they begin their formal schooling.

Mark D. Musick, *President*
Southern Regional Education Board

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Early Childhood and Readiness for School

By the year 2000 -

All children will be ready for the first grade.

Goals for Education
Challenge 2000

*Learning begins
at birth*

The Southern Regional Education Board endorsed a school readiness goal in 1988. Since then, it has been adopted by each of the 15 SREB states. In 1990, a similar focus on readiness was selected as the first national education goal.

Any effort to address readiness effectively must reflect one basic truth: Learning does not begin with a child's entry into school; it begins at birth and is continuous throughout life. Learning is not limited to formal schooling. Success in school, and in life, is directly affected by many factors that may have little apparent relation to education.

*Readiness
is not just an
educational issue*

Readiness is not just an educational issue; it is also a health issue, a social issue, and an economic issue. It involves virtually every aspect of society. Readiness is the responsibility of every institution, public or private, whose actions bear on the well-being of children and families.

The educational system must play an important role in helping to improve children's readiness for school. But that goal cannot be achieved without simultaneously addressing a broad range of related issues pertaining to health and health services, physical living conditions, family support and related social services, and economic prosperity.

Efforts to achieve readiness for school must begin before birth, with measures to assure that mothers are

*Healthy mothers mean
healthy babies*

healthy, that they receive appropriate prenatal care, and that all parents have some basic parenting skills. Access to high quality obstetric and pediatric health services must be assured for all families, and the importance of good nutrition and adequate housing also must be addressed. Necessary social support services must be available for parents and children and should be based on a recognition that safe, developmentally appropriate child care and early childhood education are fundamental rights of childhood, whether provided in the child's own home or in another setting.

*Readiness is a critical
milepost in lifelong
learning*

The SREB goal's focus on readiness for formal schooling should be viewed not as an end in itself, but as a critical early milepost in the lifelong process of learning. Although the goal refers specifically to readiness for first grade, even first grade cannot be viewed as absolute. The common point of entry into school has changed in the past, and may well do so again.

Several SREB states—led by Kentucky, South Carolina, and West Virginia—are taking steps to eliminate sequential primary grades by combining these early grades into a continuous ungraded primary unit. This approach should allow greater flexibility in responding to the different developmental needs of each child. Implicit in such an approach is an understanding that developmentally appropriate practices are as important for a child of eight as for a three-year-old.

*Physical and mental
well-being are essential
to readiness*

If our children are ever to realize their full educational potential, they first must be assured the highest levels of physical and mental well-being possible. Children who must deal with illness, hunger, lack of family support, or other forms of physical and mental deprivation *may never be ready* to make the most of first or any other grade. That these problems are so often avoidable only compounds the tragedy.

The State of Our Young Children

*The problems
facing children
are indisputable*

The problems facing young children in America today are well known—as are their implications for our schools and colleges. New studies appear almost daily that document these problems and confirm the results of earlier research. The enormous economic costs of failure to address the needs of young children have been indisputably established. The extensive references that appear at the end of this report represent only a small fraction of the pertinent work documenting the issues.

The problems of children and families are national in scope, and national efforts must be part of their solution. But, in almost every case, the situation is more severe in the SREB states. In the words of the Children's Defense Fund (1989):

The South still lags badly behind the nation on most key child measures. Southern children are still more likely than other children to die, to be in poorer health at all ages, to become teen parents, and to lack access to adequate health and economic supports.

Compared to the nation, young children in our region are:

*The South lags
badly behind*

More likely to be born to mothers who did not receive adequate prenatal care;

More likely to be born prematurely or at low birthweight;

More likely to be born to teenage mothers;

More likely to die in infancy;

*Immunization rates
for black infants
are at the level of the
third world*

*No SREB state
is doing well enough*

More likely to die between the ages of one and four;

More likely to live in poverty;

More likely to have no health insurance coverage;

More likely to be in a child care center that falls below minimum standards for staffing and group size.

Precise measures of child welfare—or lack of it—may vary from one report to another, but there is little argument about the seriousness of the problems. By most measures of child well-being, the United States as a whole trails far behind most developed countries. Incredibly, by the late 1980s, only 50 percent of the infants in America under the age of one year were being properly immunized against childhood diseases, compared to 80 percent of all infants worldwide. Immunization rates for black infants in the United States were below such *developing* countries as Burundi, Indonesia, Cuba, and Jamaica.

Children in the SREB region continue to face significantly greater problems than other children in the United States and the rest of the developed world—even, in some cases, in the third world. Individual SREB states may occasionally exceed the national average on selected indicators, but none are doing well in all areas. In 1988, five SREB states—Florida, Kentucky, Oklahoma, Texas, and West Virginia—had infant mortality rates at or below the national average. Unfortunately, all five states also had teen birth, child poverty, and child death rates exceeding the national averages.

Implications for Education

*The early years
are critical*

The poor state of child well-being in the region has dramatic and negative implications for the ability of children to learn at all levels of education and, ultimately, for economic progress in the region. The early years of life are a critically important period in terms of brain growth and the development of children's intellectual and physical potential. Failure to meet the needs of children and families during this period can have lifelong ramifications.

*Low birthweight
translates into
problems in school*

Inadequate prenatal care and maternal ill health, including problems related to parental substance abuse, often result in children born with irreversibly diminished mental and physical capacities. Recent articles in both *JAMA* (the American Medical Association journal) and the *Journal of Health Economics* confirm that children born at low birthweight are more likely to experience serious health problems at school age (McCormick, et al., 1992) and more likely to be enrolled in special education, at a cost estimated at \$370 million a year (Chaikind & Corman, 1991). Without appropriate early intervention services, beginning at birth, children with disabilities are likely to require special support services far beyond normal school years.

*Children who
fall behind stay behind*

All children need individualized, developmentally appropriate stimulation at every stage of growth if they are to have a chance of achieving their full educational potential. Those who are unhealthy or malnourished are unlikely to realize even their normal, much less their maximum, potential. Children who fall significantly behind in language and cognitive ability in early childhood are likely to remain behind for the rest of their lives. And children who develop low expectations of themselves because of problems

*Child development
occurs in predictable
stages*

*Each child is a
unique person*

*Experiences should
match the child's
developing abilities*

in early childhood may never achieve a level of self-esteem needed for educational success.

Educational improvement requires long-term commitment and effort. Ultimately, we cannot expect to improve the quality of our educational system or the adult work force until we do a better job of meeting the needs of young children.

**What do we mean when we say
developmentally appropriate?**

The National Association for the Education of Young Children identifies *developmental appropriateness* as having two dimensions:

1. **Age appropriateness.** Human development occurs in universal and predictable stages of growth and change in all areas—physical, emotional, social, and cognitive. Teachers can use information about the typical stages of child development as they prepare the learning environment and plan appropriate experiences.
2. **Individual appropriateness.** Each child is a unique person with an individual pattern and timing of growth, as well as an individual personality, learning style, and family background. Learning in young children is the result of interaction between the child's thoughts and experiences with materials, ideas, and people. These experiences should match the child's developing abilities, while also challenging the child's interest and understanding.

Guiding Principles

Efforts to improve the well-being of young children through improved early childhood services should be based on one overriding objective:

*A far-reaching
commitment to children*

All public policies and programs for families and children in the SREB states should be designed to assure every child the opportunity to be born healthy, to have access to necessary preventive and primary health services, to be cared for by nurturing, emotionally healthy adults, and to be nurtured in developmentally appropriate environments that promote maximum cognitive, emotional, social, and physical development.

Efforts to achieve this goal should be based on the following principles:

*Focus on
the family*

- The needs of children are universal—services to assure their well-being should be available to all children and families, including those identified as being in some way “at risk.”
- Services should focus on the total family or other caregivers who have primary responsibility for children.
- A primary objective of services should be to meet every child’s need for an ongoing relationship with at least one nurturing, competent adult.

*Comprehensive and
flexible services*

- Every family should be involved actively in the selection, planning, and delivery of services for that family, and should be assured that due process will be observed in any actions affecting the family.
- Services for children and families should promote family self-sufficiency.
- Services should be comprehensive and inclusive, reflecting the interdependence among health, social welfare, education, and economic issues.

*Developmentally
appropriate
assessments*

- Services should be flexible to meet the specific needs of individual children and families.
- The specialized needs of individual children should be identified and community-based intervention services provided at the earliest possible point in their development.
- Assessment of young children in all settings, including elementary schools, should be based not on standardized testing but on developmentally appropriate methods, such as the use of portfolios of children's work, teacher observation, parent interviews, and teacher-child conferences.

*Schools ready for
all children*

- Readiness must apply to schools as well as to children. "Readiness" for school always will mean different things for different children. It is the responsibility of schools to adapt their curricula to the needs of individual children, as determined by developmentally appropriate assessment techniques.

Qualified personnel

- The full range of community agencies and organizations, both public and private, have important roles in and responsibilities for providing support to children and families.
- All services for children and families should be provided by personnel who meet clearly specified standards for training and education and in settings where adequate client/staff ratios are maintained.
- Providers of all types of services for children and families should be held accountable for achieving explicit outcome objectives.

*Accountability
for outcomes*

- It is in the direct interest, as well as an obligation, of government to ensure that developmentally appropriate early childhood services are available and accessible to all children and families.

Putting these principles into practice will result in significant social and economic benefits for the region and the nation in the 21st Century. These principles should be adhered to in existing programs and new initiatives. In the long run, if we cannot achieve the goal of readiness, then our efforts to achieve all subsequent educational goals will be for naught. The balance of this document identifies barriers to change and describes strategies that can help overcome those barriers to provide much-needed services for young children and their families.

Barriers to Change

We know the problems that young children and their families face. We know the terrible costs to individuals and society of failing to deal with them. And we understand how institutions and services need to change. We might differ over subtle points of emphasis and priority, but few people would quarrel with the importance of helping children and families.

Why, then, do we so often find ourselves despairing that needed changes will ever be achieved? In identifying barriers to meeting the needs of "Children in Adversity," Lisbeth Schorr (1991) describes our dilemma well:

*We must believe
in the possibility
of change*

The most obvious obstacle is that the key attributes of programs that are successful in improving outcomes for disadvantaged children (comprehensiveness, intensity, flexibility, front-line discretion, informality, emphasis on personal relationships, and dealing with individual children in the context of family and community) are at odds with the dominant ways that most large institutions function. . . . the needed changes strike them as so complicated, profound, and far-reaching that practitioners and administrators as well as policymakers seem to have a hard time moving beyond rhetoric.

*Fragmentation
makes change seem
harder*

We fail to translate our rhetoric into action because we fear the problems are so complex and varied that change on the scale required may not really be possible. This perception of intractability is itself a result, at least in part, of the fragmentation of services that is one of the most serious obstacles facing children and families in need.

Historically, our approach to providing all types of services to children and families has been hierarchical. Most decision-making occurs from the top down,

*Those we serve
have no input*

with little input from those who provide direct services or from those being served. This hierarchical structure originated in large measure from a desire to control expenditure of public funds in an earlier time when government intervention was limited to relatively few areas. Ironically, as the scope of governmental activity evolved and expanded, the hierarchy has tended to institutionalize inefficiencies rather than to protect against them.

*Services are
disconnected and
uncoordinated*

Existing services of all types are dispersed across a disconnected, uncoordinated system of agencies and organizations created at different times to meet different objectives. Health, educational, social, and economic problems rarely exist in isolation. Yet, it is not unusual for related problems to be addressed by separate agencies that have conflicting goals, little inter-agency cooperation, and even little or no basic communication. In a time of scarce resources, both organizations and individual service providers may come to see each other as competitors for continued funding rather than partners working toward a common good. In such an atmosphere, simply finding out what services are available and how to gain access to them can frustrate families. Ironically, the resulting low utilization rates all too often become arguments for discontinuing critically needed programs.

*Categorical funding
makes problems worse*

One of the primary causes of the fragmentation of services is the categorical program funding that has characterized most public and private initiatives. Programs that should work closely together may be restrained from doing so by statutory, regulatory, or contract requirements. The need to satisfy disparate, and sometimes conflicting, performance criteria can make it difficult for categorical programs to establish the common ground required for meaningful cooperation. Restrictions on the use of funds, particularly from public sources, further contribute to program inflexibility and isolation. A Medicaid provider, for example, may repeatedly treat a family's food-borne

illnesses, but be unable to help them repair their broken refrigerator. An employment counselor may be able to help a parent locate a job but have neither the information nor the authority to help the parent find the necessary day care.

*Eligibility means
"jumping through hoops"*

Differences in eligibility criteria and application procedures among programs represent one of the most serious barriers to children and families in need of assistance. Families with limited transportation may have to go to multiple locations to apply for separate but closely related services. Even where applications can be submitted at the same site, applicants often find that they must deal with different people and different procedures to apply for programs that should be complementary, such as Medicaid and the Special Supplemental Food Program for Women, Infants, and Children (WIC). The required documentation may be complex and difficult to obtain, and it may vary in critical ways that make information used to apply for one program unacceptable to another.

*Most children are
denied services on
procedural grounds*

Far more children in SREB states are denied Medicaid and Aid to Families with Dependent Children (AFDC) because of procedural problems than because their families' incomes exceed family eligibility levels. In addition to limiting access to services, inconsistencies in eligibility requirements also result in costly inefficiencies and duplication of administrative resources.

Another result of the proliferation of categorical programs is that the roles and responsibilities of service providers have tended to become more narrowly defined and exclusive over time. As the numbers of programs grow, so do the functions specifically identified as the responsibility of one program or another. In this situation, the natural response of both agencies and individuals is to try to establish clear limits for their own accountability. Education programs and hiring criteria become ever narrower, and individual

*Services and personnel
are over-specialized*

service providers are less likely to be equipped or at liberty to deal comprehensively with problems of families and children. Responsibilities not clearly defined in statute may either be ignored completely or, conversely, become battlegrounds in turf wars. Whether such responsibilities are shunned or coveted usually depends on their funding potential. In either case, the needs of children and families for coordinated, comprehensive services are unlikely to be well served.

*Professionals
give up hope*

Implicit in the prevailing top-down system of providing services is an assumption that the people who work most closely with clients are not well prepared or sufficiently committed to accomplish the goals of the system. Therefore, it follows, their work must be closely controlled. In actuality, whether they are social service workers, health care providers, or teachers, a majority of direct service providers are well trained and—at least initially—highly motivated professionals who must meet rigorous employment criteria. But the hierarchical system continually sends them the wrong messages: Don't use all of your knowledge or ingenuity; don't be creative in responding to problems; and don't go beyond the specific functions written into your job description. As a result, many of those who serve children and families eventually give up any hope of having a real impact on the lives of their clients.

*Preschool and child care
staffing standards
are inadequate*

Ironically, the area in which service personnel are least regulated is the area in which regulation is most needed: child care and early childhood education. Preschool and child care regulations and standards usually focus on physical facilities, giving insufficient attention to the quality or quantity of human resources. As a result, the majority of child care staff lack the education and training needed to understand and support the developmental needs of young children. In far too many instances, inadequately prepared people work with groups of children that are

High staff turnover hurts children

too large even for well-qualified personnel. The resulting frustration and lack of a viable professional identity combine with low wages to produce high staff turnover rates, which translate into a lack of continuity for the children being served.

Cultural differences are poorly addressed

Those who provide services for families and children also need to be responsive to cultural differences in society. The very term "family," for example, may mean functionally different things to members of different cultural groups. Recognizing these differences can be critical in making services relevant to a family's individual needs. Unfortunately, it is rare for service providers to have the job flexibility to adjust to different, sometimes conflicting, cultural perspectives.

Jargon gets in the way of communication

The fact that different agencies and professional groups tend to use their own specialized jargon and insist that anyone who deals with them adhere to this "official" language is a further obstacle to program effectiveness. Efforts to break down such semantic barriers are resisted as threats to organizational or professional authority. This reinforces the fragmentation of services and can present communications obstacles to families in need that are confusing at best and insurmountable at worst.

In many cases, jargon also sends negative messages to those in need of assistance. To describe someone as a "case manager," for example, implies an active role for the service provider and a passive role for the client. A more positive term might be "family resource coordinator," which suggests working with families to help them identify and meet their own needs. Unfortunately, these negative messages are too often a true reflection of the way services are organized and delivered. Service providers tend to approach the problems of families and young children in a patronizing manner, imposing external expectations and standards without adequate input from the affected parties. Things are done *to* families and children

instead of working *with* them to empower them to help themselves.

*We do to families
when we need to work
with them*

Overspecialization and lack of coordination of services occur as frequently within different service sectors as among them. In health care, for example, the long-term social and economic benefits of proven preventive measures like prenatal care and immunization are well established. Yet, the primary care services that are most valuable in preventing more serious problems are neither affordable nor accessible for large numbers of children and families. In the existing model of financing health services, treatment of illness is overvalued by service providers and third party insurers, both public and private, while preservation of wellness is undervalued in the extreme. Although this problem is widely recognized, conflicts involving availability of public funds and entrenched special interests have thwarted needed changes that could both reduce suffering and help control the rising cost of health care.

*Preventive services
are undervalued*

In the education sector, few schools are prepared to deal effectively with the differing developmental needs of individual children. Buffeted between often arbitrary state and local rules and the inflexibility of some teachers and administrators, curricula tend to become too rigidly standardized to make much allowance for differences among children. Even where the importance of developmentally appropriate practice is recognized, inadequate funding and overcrowded classes may forestall any real change. This problem takes on added seriousness when schools attempt to address the needs of children in the preschool years and ease the transition into the primary grades. Unfortunately, the current tendency is to extend existing curriculum models downward to younger age groups, rather than revamping school curricula to build upon and reinforce developmentally appropriate practices in the preschool years.

*School curricula
are too rigid*

*We should extend
developmentally
appropriate models
upward, not force
academic models
downward*

Active, Child-Initiated Early Learning Works Best

In 1987, the District of Columbia Public Schools launched a three-year study to try to determine why the social development levels of many children in the system declined between the end of prekindergarten and the end of kindergarten and why one in seven first-grade students were retained at grade level each year. The study found that students who came to kindergarten from academically oriented, teacher-directed preschool settings tended to have difficulties in school, while those who came from active, child-initiated experiences did better in all areas, including academic performance.

The study concluded, in part, that "The extension of formal education experiences downward does little to promote academic preparation in our children and can actually hinder children's later school achievement and overall development ... Results clearly support implementation of more active, child-initiated learning experiences at both the pre-primary and primary level..." (Colker, 1992)

*Services often come too
late to save families*

On the home front, many parents are poorly prepared for the demands of parenting, yet, for the most part, support services are inadequate or nonexistent. The primary goal of parental support should be to empower families to deal with their problems in ways appropriate to their own needs. Unfortunately, concerns about family autonomy and parental rights have been used more commonly as arguments against parental support programs than as the logical justifi-

cation for such services. As a result, conditions sometimes are permitted to persist in the home that would be unacceptable in any other setting. Too often, services come into play only after the family has reached a breaking point. Support that helps parents deal with problems while they keep the family intact must be provided long before a crisis situation is reached. Except in the most extreme situations, such as those where there is a clear and immediate threat of physical or emotional harm, removing children from their families is of questionable value.

*One problem
reinforces another*

All of the problems discussed here are interrelated. One problem reinforces and amplifies another. None can be addressed effectively in isolation.

*Change must start
at the top, but must
focus on the frontlines*

We tend to view the family support system in terms of many individual bureaucracies—public health, human services, education, etc.—but those institutions are really the second level of a larger hierarchy, with the legislative and executive branches at the top. Inadvertently, that top governmental level has reinforced the fragmentation of services by continuing to create narrowly focused categorical programs. Although most of those programs address real needs, the narrowness of their focus and their preoccupation with administrative processes tend, in the long run, only to make the barriers to change more complex.

Financing of Services

*Coordinated,
comprehensive services
are cost-effective*

Government spending is central to any discussion of programs to assist children and families. Financing of services is of particular concern during times of economic distress, such as those facing every state in the SREB region today. The existing fragmented, top-down system of early childhood services is inefficient and wasteful. Any measures that would improve coordination and comprehensiveness of services would produce cost-effective benefits.

*Inadequate funding
for children
shortchanges the future*

In the long run, however, achieving the readiness goal will require increased financial resources. Any comparison between public support for programs serving older Americans and those serving children clearly demonstrates that, to paraphrase Sylvia Ann Hewlett in *When the Bough Breaks* (1990), "public choices are shortchanging the future." It would be wrong to view the funding discrepancy in programs for older and younger Americans as providing too much support for the elderly. Rather, it reflects the low priority we have given to children. Yet the problems of childhood and aging are inseparable. Successful aging requires a successful childhood.

*Spending now for
prevention saves many
dollars later*

Investing in services for children and families will require increased short-term spending, but will produce unquestioned long-term savings. Every additional dollar spent on preventive health, education, and social services for children will save many times as much in services that would otherwise be required later. A recent report in the *American Journal of Public Health* found, for example, that every Medicaid dollar spent to reduce numbers of low birthweight babies saves two dollars in medical costs in the first two months of life alone (Buescher, et al., 1991).

Strategies for Change

The strengths of elected state officials are wasted in micro-management

The categorical system of providing services is so complex that often only those at the top have broad enough authority to resolve problems that occur at much lower levels. As a result, many governors and legislators spend large amounts of time and effort dealing with issues that—although important to the individuals involved—may have very limited impact on larger constituencies. This is an extremely inefficient way to apply the efforts of elected state officials, who could be most effective dealing with broader planning, strategy, and financing issues.

Local decision-making can meet local needs best

State executives and legislatures have the authority to delegate decision-making responsibility and to establish the conditions of accountability for those decisions. Both local communities and front-line service providers should have a much more prominent role in making decisions about how services are provided to meet local needs.

Accountability should be based on goals, not administrative process

Any loss of control over program details at the state level should be more than compensated by the increased ability of state decision makers to focus on issues of accountability. In return for expanded roles in allocating resources and designing services, local communities and providers should be required to establish clear goals and objectives and to demonstrate progress toward achieving them. The prevailing system of evaluating programs by measuring the completion of administrative tasks should be replaced by a system that identifies desired outcomes and evaluates progress toward achieving them.

Perhaps the most difficult obstacle to accomplishing such a dramatic shift in patterns of decision making will be to convince those at lower levels of the

*Local control must be
real*

hierarchy that it is more than just rhetoric. Old established patterns can be difficult to change. Local communities and front-line service providers have become so accustomed to "doing what they are told" that they may have difficulty rekindling the creative spirit. Too often they have been held accountable for things over which they have little or no control. Accountability for outcomes must be tied to real local control over meaningful initiatives and resources.

*To resolve turf issues,
bring all players
to the table*

A major step toward local empowerment would be to insist that program decisions at every level must be made collaboratively among all parties who will be affected by them. Only by bringing all players to the table and making them work toward their own solutions to particular problems can crippling turf issues finally be resolved. This will be true whether we are talking about turf issues among different community groups, different state and local agencies, or individual service providers in the field.

*Collective responses
must replace competitive
special interests*

Ultimately, all those who are committed to improve the well-being of children and families must recognize that their interests are inextricably intertwined. One of the unfortunate side effects of categorical programs has been to create countless special interest groups committed to maintaining the status quo, or to improving on it at the expense of other special interests. The proverbial service provider who cannot or will not help a client because "it isn't our job" is a reflection of this special interest mentality. At present, groups and individuals commonly respond to proposed initiatives on the basis of their own specialized perspectives and priorities. Instead, all the players should be brought together and required to come up with collective responses. Not only would this encourage cooperation, it also would create a shared sense of ownership and commitment to finding solutions that work.

Recommendations for State Action

The SREB Health and Human Services Commission recommends the following actions to achieve the goal that all children should be ready for first grade.

- 1** *Establish a statewide strategic plan for children and families that is consistent with the guiding principles described in this report. Include specific goals and objectives for measuring progress toward achieving school readiness.*

Initiatives and funding for services to families and children should comply with the provisions of the state plan. Funding for existing programs should be based on the achievement of specified outcomes.

*Statewide
strategic planning
for children and families*

- ✓ *Florida's Prevention, Early Assistance, and Early Childhood Act* requires the Department of Education and the Department of Health and Rehabilitative Services to develop a joint strategic plan that will minimize high-risk conditions affecting pregnant women and young children. The legislation states that "a continuum of integrated services is needed" to accomplish this goal.
- ✓ *The Texas Commission on Children, Youth and Family Services* was created to develop and adopt a state philosophy on children, youth, and their families. The legislation requires that nine state agencies work jointly with the private sector to address the total range of services to children and families.

- ✓ **West Virginia's *Early Childhood Implementation Commission*** is charged by the legislature to develop a statewide plan for early childhood education. The Implementation Commission is to work closely with the Governor's Cabinet on Children and Families.

2 *Identify expectant parents and ensure that they are aware of the need for and have access to a comprehensive range of support services, including appropriate prenatal and obstetrical health care.*

Programs to assure that children have an opportunity to be born healthy should address the full range of factors that affect pregnancy outcomes, including social, economic, health, and behavioral problems (teen pregnancy, maternal substance abuse, and sexually transmitted diseases, etc.).

*Giving children
a chance to be
born healthy*

- ✓ **South Carolina's *High Risk Pregnancy Program*** requires all pregnant Medicaid recipients to be screened for risk factors and referred to appropriate services. If necessary, transportation is provided to assure that they reach those services.
- ✓ **North Carolina's *Baby Love Program*** assigns maternity care coordinators to pregnant women who are eligible for Medicaid. The coordinators provide social and emotional support to the women and help them find services that can meet a wide range of medical, nutritional, psychological, and other needs.

3 *Assure that children receive appropriate primary and preventive health care from birth to entry into the first grade.*

Every child should have an identified primary care provider, and should receive services according to the schedule recommended by the American Academy of Pediatrics. Each state should adopt a goal to immunize 100 percent of children against infectious diseases.

Child health providers are usually the first professionals to evaluate young children. They should be expected to screen routinely for potential developmental problems of all types and to refer children for further evaluation and early intervention as needed.

Keeping children healthy

- ✓ **Florida's Healthy Kids Corporation** is pioneering efforts to group public school children to obtain comprehensive and affordable health insurance coverage. The corporation also provides funds to subsidize premiums for children from low income families.
- ✓ **The LINK project in Tulsa, Oklahoma** has nurse practitioners visit day care centers and screen children up to age six for physical and developmental problems. The project, which "links" children to resources that address their needs, is an initiative of the Tulsa Chamber of Commerce.
- ✓ **The Medical Care for Children Project in Fairfax County, Virginia**, provides health care for uninsured children not eligible for Medicaid. The project has widespread support from health care providers and the local business community.

*Physicians and
communities working
together*

- ✓ **Tennessee's Medical Home Program** involves 700 physicians in 40 counties who provide ongoing care to indigent children. *Medical Home* is a cooperative effort of the Department of Health and Environment and the Tennessee Chapter of the American Academy of Pediatrics; details are worked out locally between county health departments and participating physicians.

4 *Design parental support and family preservation services to ensure that every child has the opportunity to have a continuous relationship with at least one nurturing, healthy adult.*

A fundamental goal should be to preserve and maintain the integrity of the family wherever possible. When the state must provide care for children outside the biological family, every effort should be made to maintain continuity and permanence in the child's relationships with caregivers. Continuity is also important in relationships with providers of all types of health, education, and social welfare services.

*Providing stable
relationships for
children*

Services should be made available to help parents address all types of issues that affect the well-being of children, including health care, nutrition, housing and shelter, transportation, and quality child care. Parents should be educated and informed both about children's needs and the availability of support services. Where parents have problems related to mental health or substance abuse, rehabilitation programs should be available that give specific attention to parenting issues.

- ✓ **Kentucky's Family Resource Centers** are an integral part of the state's educational reform efforts. The purpose of the centers is to make public elementary schools the

Working to meet family needs

focal point for linking all types of agencies that serve children and families, including local school systems, social services, health departments, mental health services, and employment services. Every community is expected to design its own program to fit its individual needs and resources.

- ✓ **Tennessee's Children's Plan** pools state agency budgets for out-of-home residential care and allows the funds to be used not just for foster care but also for services designed to prevent it. Children who appear headed for state care are assessed by a team of professionals. Wherever possible, the same team provides services to help preserve the family.

5 Adopt policies and regulations to assure that children are nurtured in safe environments under conditions that promote optimal cognitive, emotional, social, and physical development.

A fundamental goal of state policy should be that all caregivers, including parents, have an understanding of the developmental needs of young children. High quality, safe, developmentally appropriate child care and preschool services should be available to all families who choose to use them.

Regulations governing child care and early childhood education should be based on nationally recognized standards for both staffing and physical facilities. Early childhood educators and all other staff who work with young children should be required to meet minimum standards for formal education or in-service training appropriate to their responsibilities. Agencies responsible for monitoring and supporting programs for young children should have adequate

numbers of appropriately qualified staff. The evaluation of a program's effectiveness in meeting children's needs should be based not on standardized, norm-referenced tests but on developmentally appropriate assessment techniques.

The needs of families with working parents should be given high priority. Quality full-day child care should be readily available and designed to minimize disruptions during the time when children are separated from their parents. States also should encourage and provide incentives for business and industry to develop and implement family-friendly policies.

*Involving parents in
education*

- ✓ **The Home Instructional Program for Preschool Youngsters (HIPPY)**, which is widely used in Arkansas, helps parents become actively involved in their children's education. Organized by school districts and other community agencies, HIPPY programs provide support groups and parent training sessions on a weekly basis, with an ultimate goal of easing the transition of both children *and* parents from preschool to kindergarten and first grade.

*Providing quality
child care*

- ✓ In Atlanta, Georgia, Mervyn's Department Stores and Dayton Hudson Foundation fund a **Family to Family** program to train and accredit family child care providers and educate parents about quality child care. Training courses are offered at community sites, including the Georgia Cooperative Extension Service and state vocational-technical schools. Similar programs have been established in several other cities across the country.

*Making children our
highest priority*

- ✓ North Carolina-based NationsBank, one of the country's largest, offers a wide range of family-friendly options to its employees, including generous maternity *and* paternity leave. Employees are strongly encouraged to take an active role in their children's education including paid time off every week to attend activities at their children's schools.

6 *Ease the transition of children into the educational system—whether from preschool programs, other types of child care, or directly from the home—by requiring that schools be ready for all children.*

Elementary education should provide continuity and reinforcement to children rather than an abrupt transition to a purely academic curriculum. Curricula and assessment in both preschool and the elementary grades should be developmentally appropriate.

States should evaluate their public elementary education systems to identify obstacles to transition and changes needed if schools are to be ready for all children.

*Schools that aren't ready
for children*

- ✓ Examples of effective transition programs are difficult to find. In its report, *Transitions to Kindergarten in American Schools* (1992), the United States Department of Education found few schools giving adequate attention to transition. Of the schools surveyed, only 10 percent had any systematic communication between kindergarten teachers and previous teachers or caregivers, and only 12 percent of kindergartens had curricula designed to build on children's preschool experiences.

*Letting communities
decide for themselves*

✓ **Project Steps** is a federally funded initiative designed to help states and local communities develop transition programs for children from birth to age eight. Although the federal effort was aimed at children in Head Start and others identified as at-risk or disabled, the program has broader potential. As it is being implemented in **Kentucky**, Project Steps lets communities offer transition services to all children

✓ **The Southern Association for Children Under Six** summarizes issues and makes valuable recommendations for improving transition efforts in its position statement, *Continuity of Learning for Four-to-Seven-Year-Old Children* (1990).

7 Make comprehensive health education an integral part of the public school curriculum, from preschool through 12th Grade.

Successful child rearing begins with healthy, educated, well-informed parents. Unwed teenagers are unlikely to be nurturing, emotionally healthy parents.

Health education should be designed to develop and improve self-esteem and to promote the physical health and fitness of children and adolescents so they can become nurturing and healthy adults. School health education should provide children with age-appropriate information about child-bearing and parenting and include information on the risks of substance abuse and sexually transmitted diseases, including AIDS, both to themselves and their future offspring.

*Helping children
become healthy adults*

- ✓ **Florida's Supplemental School Health Services Act** requires school districts to provide a variety of health services, including efforts to reduce teen pregnancy. The legislation directs the state Department of Education and Department of Health and Rehabilitative Services to work together at the local level to help communities.
- ✓ **Here We Go, Watch Me Grow!** is a comprehensive health education curriculum for children ages three to five that was developed by researchers in **Alabama** and **Kentucky**. The curriculum has proven to be practical and effective and has received national and international recognition.
- ✓ **Growing Healthy** is a comprehensive school health education curriculum for kindergarten through seventh grade. It uses an interdisciplinary team approach to promote self-esteem and decision-making skills that enable young people to adopt healthy attitudes and engage in healthy, responsible behaviors. Growing Healthy, which was developed by the U.S. Public Health Service, has become an integral part of the school health education program in **Arkansas**.

8 *Identify barriers to coordination and comprehensiveness of services for children and families and take aggressive steps to break them down.*

States should streamline and standardize eligibility criteria and procedures that create unnecessary obstacles to children and families receiving services. Program duplication and competition among different programs should be eliminated. Where the organization of programs or services results in duplication or

presents barriers to cooperation, states should make the structural changes needed to correct those problems. In some cases it may be necessary to change the organization and responsibilities of state agencies.

Local communities should have a primary role in the design and delivery of services for children and families. They should specify goals and objectives and be accountable for achieving them. Programs should place a high priority on the dissemination of comprehensive, user-friendly public information through a variety of media. Lack of knowledge about what is available should not be allowed to keep children and families from receiving services.

Starting at the top

- ✓ **Florida's State Coordinating Council for Early Childhood Services** was created to ensure coordination of and promote high standards for services for preschool children. The Council serves as the coordinating body for the joint strategic plan of the Department of Education and Department of Health and Rehabilitative Services.
- ✓ **The West Virginia Governor's Cabinet on Children and Families** has broad authority to transfer funds and other resources among existing programs to achieve maximum impact. The focus of the Cabinet is on development of comprehensive programs at the local level, with communities taking the lead in program design and implementation. In return, the local programs must identify and meet specified program objectives.

9 *Identify common regional issues and formulate positions on changes that are needed in the way programs serve children and families.*

SREB should convene a conference of appropriate state representatives to identify common concerns and develop common strategies for addressing them. Developing comparable standards and data sources for measuring progress toward the goal of readiness for school should be a high priority.

SREB states should identify needed changes in federal programs affecting families and children and should actively and collectively advocate those changes.

✓ *Head Start* is a good example of an effective program model developed by the federal government and implemented with a high level of local community involvement. Local Head Start programs coordinate health, education, and social services, and they have a significant impact on the school readiness of children who have access to them.

✓ Arkansas' *HIPPY* programs, described under Recommendation 5, offer a valuable example of how local creativity can maximize the impact of state and federal funds when they are allowed enough flexibility to respond to local conditions.

*Communities, states,
regions, and the nation
working together*

The Early Childhood Challenge

Achieving the goal of readiness for school will not be an easy task. But achieving this educational goal is essential to the future of the SREB region and the nation. The great challenge before us is whether we are willing to face up to the full scope of the problem and to carry out the sometimes painful changes that will be necessary to solve it.

The SREB states accepted the challenge presented in *Goals for Education: Challenge 2000* when it was published four years ago. The responses of the states have been dynamic and creative, even in the face of difficult economic times. Each of the states has adopted goals of its own, and every state has included the goal that *by the year 2000, all children will be ready for the first grade*.

The recommendations in this report focus on state actions, because comprehensive change must begin at the state level. These recommendations also emphasize the need to give local communities and service providers on the front line new and expanded authority and responsibility to use resources wisely on behalf of families and children.

The challenge facing states is to change the way resources and personnel are managed—they have to get the solutions closer to the problems. How well states accept this challenge will determine the quality of the region's future in the 21st Century.

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